Hospital Logo		Patient Identification Label

Informed Consent for Anterior Cruciate Reconstruction

Name:	Age (in years):	Gender: ☐ M ☐ F ☐ Other
UHID No./Registration No.:		
Interpreter Service: ☐ Yes ☐ No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/my ……..have the following medical condition:

……

and I/my child/my……have been explained and advised to undergo the following treatment/procedure:

……

I authorise Dr. …… and his/her associates to perform the above treatment/ procedure.

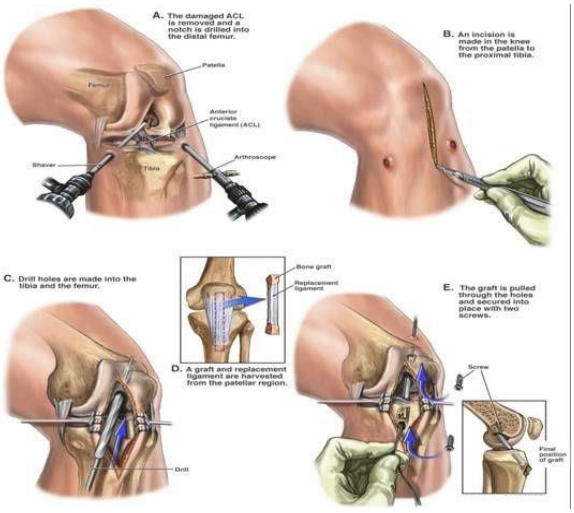
The doctor should document the site and/or side where relevant to the procedure:……..

……

Introduction

The anterior cruciate ligament (ACL) is present in the knee. It extends from the thigh bone to the shin bone. An ACL gives stability to the knee joint.

An anterior cruciate reconstruction procedure is the replacement of the ruptured cruciate ligament. The surgeon will perform the procedure under general or regional anaesthesia. If you are undergoing autograft, then the surgeon will make an incision (cut), remove the knee tendon and replace it with a tendon from another part of your body.



The surgeon will make several small punctures to insert an arthroscope (a thin, flexible scope) that will allow the surgeon to view inside the knee and surgical instruments while operating. And pass the graft through the bone tunnels and fix it to the upper leg bone (femur) and lower leg bone (tibia), with screws or posts and stitches. The use of screws or posts is usually a surgeon's preference.

The surgeon will sew up the incisions and apply a sterile dressing over it.

In addition to reconstructing the ACL, the surgeon will arthroscopically examine the remainder of the knee joint.

During examination, it is common to find a torn shock absorbing cartilage (menisci). In such a case, the surgeon will remove the torn part either by performing an arthroscopic partial meniscectomy or by arthroscopic meniscal repair for which separate informed consent will be taken from you.

Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)		**Alternatives** (To be documented by doctor)
• To reduce instability. • To maintain full active range of motion. • To facilitate isometric ligament function. • To prevent injury or degeneration to other knee structures.	• Others, if any specify:	

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General and Specific Risks (To be documented by the doctor)		**Patient Specific Risks** (To be documented by the doctor)
• Superficial or deep Infection • Stiffness in the knee • Bleeding • Possibility of difficulty with fixation of the new ligament. This may necessitate alternative fixation or choice of graft tendon • Compartment syndrome: It can occur as a result of increased pressure around the muscles of the lower leg as a consequence of bleeding or swelling. This requires extended hospital stay for monitoring and may mean further surgery on your lower leg to release the pressure. • Numbness associated with the use of tourniquet with nerve and muscle damage at the site where the tourniquet was placed. This may be temporary or permanent. • Skin death under the tourniquet, which may require further dressings and / or surgery and skin grafting.	• Rupture of the graft. This may require further surgery • The surgical incision may cause changes in the sensation and colour of the limb • Injury to neurovascular structures • Complex regional pain syndrome • Cardiac arrest or stroke could occur due to the strain on the heart • In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful. • Deep vein thrombosis (DVT) or pulmonary embolism. • Others, if any specify:	1) 2) 3) 4) 5)

Specific Notes Related to Procedure (Strike out if not required)	**Precise Action Points Understood by the Patient/Substitute Decision Maker** (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed operation. I am now aware of the intended benefits, possible risks and complications and available alternatives to the said operation.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I am also aware that results of any operation can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation.
- I am aware that while majority of patients have an uneventful operation and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this operation listed above and understand that it is not possible to list all possible risks and complications of any operation.
- I also understand that sometimes a planned operation may need to be postponed or cancelled if my clinical condition worsens or due to any unforeseen technical reason.
- I understand that if medical exigencies demand, further or alternative operative/procedural measures may need to be carried out, and in such case there may be difference in the planned and actual operation.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I am also aware of the expected course after the operation and the care to be provided and understand that sometimes admission to intensive care unit and/or extension of duration of hospitalisation may be required and/or there may be requirement of extra medicines or treatments, thereby leading to increase in the treatment expenses, depending upon the body's response to the treatment/procedure.
- I am now also aware that during the course of this operation the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation/assistance from relevant specialists if the need arises.
- I authorise the hospital for the disposal of any tissue or body part that may be removed from my body in the appropriate manner during and for the purpose of conducting this operation.

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- I agree to observing, photography (still/video/televising) of the procedure (including relevant portions of my body) including my diagnosis/reports (pathology, radiology etc) for academic/medical/medico-legal purposes/scientific publications, provided my identity is not revealed/disclosed by such acts). □ **Yes** □ **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. □ **Yes** □ **No**

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time: